#### **INFORMATION & ASSISTANCE UNIT GUIDE: #06**

## HOW TO FILE A PETITION FOR RECONSIDERATION

To appeal a decision by a Workers' Compensation Referee, you must file a Petition for Reconsideration.

The Workers' Compensation Appeals Board (WCAB) that issued the decision must receive the petition within twenty (20) days from the date the decision was issued. If the Referee's decision was *mailed* to your residence in California, the WCAB must receive your petition within twenty-five (25) days. The date the decision was issued is located near the Referee's signature.

The five (5) reasons for appealing a Referee's decision are listed on the attached petition. Strike out items that do not apply in your case. Be sure to cover every item in the decision that you disagree with and include a full explanation. You may attach separate sheet(s) of paper if necessary.

Complete both pages of the petition. Follow the attached sample. Be sure to sign and date the form. Please note there are three signature lines.

Send the original petition to the WCAB that issued the decision and copies to all parties. Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local I&A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

# WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

1661 N. Raymond Avenue Ste. 200         (714) 738-4038         1880 North Main Street, 1st Floor Information & Assistance Unit         (408) 443-3058 Information & Assistance Unit           BAKERSFIELD, 93309         1800 30th Street, Rm.100 Information & Assistance Unit         (661) 395-2514         SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit         (909) 383-4522 Information & Assistance Unit           EUREKA, 95501-0421 100 "H* Street, Rm. 2011 Information & Assistance Unit         (707) 441-5723 Information & Assistance Unit         (619) 525-4589 Information & Assistance Unit         (619) 525-4589 Information & Assistance Unit           FRESNO, 93721-2280 2550 Manposa Street, Rm. 4078 Information & Assistance Unit         (559) 445-5355         SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit         (415) 703-5020 Information & Assistance Unit           GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit         (805) 968-4158         100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit         (408) 277-1292 Information & Assistance Unit           GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit         (805) 481-3296         SANTA ANA, 92701-4080 22 Cviv. Center Plaza, Ste. 451 Information & Assistance Unit         (714) 558-4597 Information & Assistance Unit         (707) 576-2452 Infor	ANAHEIM, 92801		SALINAS, 93906	
1800 30th Street, Rm. 100   (661) 395-2514   444 West Third Street, Ste. 239   (909) 383-4522   Information & Assistance Unit	1661 N. Raymond Avenue, Ste. 200	(714) 738-4038	1880 North Main Street, 1st Floor	(408) 443-3058
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EUREKA, 95501-0421 Information & Assistance Unit  (707) 441-5723  SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit  FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit  (559) 445-5355  SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit  GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit  GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit  LONG BEACH, 90802-4460 300 Oceangate Street, 3" Floor Information & Assistance Unit  LONG BEACH, 90802-4460 300 Oceangate Street, 3" Floor Information & Assistance Unit  LOS ANGELES, 90013 340 West 4" Street, 6" Floor Information & Assistance Unit  LOS ANGELES, 90013 340 West 4" Street, 6" Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit  (500) 622-2861 31 East Channel Street, Rm. 417 Information & Assistance Unit  REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  REVERSIDE, 92501 3737 Main Street, Ste. 300 (909) 782-4347  31 East Channel Street, Rm. 417 Information & Assistance Unit  RELIGIOUS ASSISTANCE Unit  RELIGIOUS ASSISTANCE Unit  WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 (925) 977-8343	1800 30th Street, Rm.100	(661) 395-2514	464 West Third Street, Ste. 239	(909) 383-4522
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6755 Hollister Avenue Information & Assistance Unit	Information & Assistance Unit		Information & Assistance Unit	
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1562 Grand Avenue   (805) 481-3296   28 Civic Center Plaza, Ste. 451   (714) 558-4597   Information & Assistance Unit   (715) 576-2452   Information & Assistance Unit   (717) 576-245		(805) 968-4158		(408) 277-1292
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Information & Assistance Unit Information & Assistance Unit	3737 Main Street, Ste. 300	(909) 782-4347	175 Lennon Lane, Rm. 200	(925) 977-8343
	Information & Assistance Unit		Information & Assistance Unit	
SACRAMENTO, 95825				
2424 Arden Way, Ste. 230 (916) 263-2741 Information & Assistance Unit		(916) 263-2741		

#### STATE OF CALIFORNIA

#### **Department of Industrial Relations** Division of Workers' Compensation

### WORKERS' COMPENSATION APPEALS BOARD

your name	)  Case No. your WCAB case number )
Applie vs.	Petition for  Reconsideration
your employer and	) iteconsideration
insurance company	)
Defeno	lants)
A decision was filed in the above-entitled case on ——(	date the referee's decision was issued
The <u>your name</u>	is aggrieved by said
decision and hereby petitions for reconsideration upon applicable)	the following grounds: (strike out items not

- 1. By the order, decision or award, the Board acted without or in excess of its powers.
- 2. The order, decision, or award was procured by fraud.
- 3. The evidence does not justify the findings of fact.
- 4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
- 5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

Completely describe your disagreement with the referee's decision.

Be sure to include your reason(s) why the decision should be changed.

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

				your signature	e
	Attorney for Petitione	r			Petitioner
STATE OF CAL	IFORNIA )	vs.			
County o	of your county )				
I, the undersig	ned, say that I am <u><b>YOU</b> Nar</u>	<u>ne</u>			
thereof, and that the my information or	ed action. I have read the foregoing same is true of my own knowled belief, and as to those matters the penalty of perjury that the foregoing	edge, except as at I believe it to	to the	e matters which are t rue.	
Executed on da	te	,19	at	your city	, California.
			_	your signatur	re
					Petitioner
NOTE: If verification	is by attorney or officer of a corporati	on it must comp	oly wit	h Section 446 Code of C	Civil Procedure.)
Copy mailed to: Date of Mailing:	List name and address of parties involved in your case. Date mailed	_			
By: <u>your sig</u>	(Signature)				
DWC/WCAB FORM 45	5 (Page 2) (REV. 3-76)				

#### STATE OF CALIFORNIA

## **Department of Industrial Relations Division of Workers' Compensation**

# WORKERS' COMPENSATION APPEALS BOARD

)	Case No.
Applicant,) vs. )	Petition for Reconsideration
Defendants <sub>)</sub>	
A decision was filed in the above-entitled case on	
The	is aggrieved by said
decision and hereby petitions for reconsideration upon the fo	ollowing grounds: (strike out items not

- 1. By the order, decision or award, the Board acted without or in excess of its powers.
- 2. The order, decision, or award was procured by fraud.
- 3. The evidence does not justify the findings of fact.

applicable)

- 4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
- 5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

and that decision be made to give p	petitioner all the benefits to which h	e is entitled under the Labor
Code of the State of California, inclu	ding the relief requested herein.	
Atto	rney for Petitioner	Petitioner
STATE OF CALIFORNIA	)	
STATE OF CALIFORNIA  County of	) vs.	
I, the undersigned, say that I am		
in the above-entitled action. I have rea thereof, and that the same is true of my my information or belief, and as to tho I declare under penalty of perjury that	nd the foregoing petition for reconside y own knowledge, except as to the ma ese matters that I believe it to be true.	
	, 19 at	California
		Petitioner
NOTE: If verification is by attorney or office	er of a corporation it must comply with Sec	
, ,	1	
Copy mailed to: Date of Mailing:		
By:(Signature)		
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WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had;